

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mug</i>		5/22/99
O.I.P.E. CLASSIFIER		5	5-25-99
FORMALITY REVIEW		69055	6-3-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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